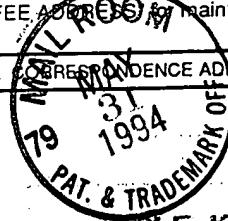


PART B - ISSUE FEE TRANSMITTAL

585-042 B

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS
OLE K. NILSEN
CAESAR DR.
BARRINGTON, IL 60010

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME (if no change)

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

 Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP/ART UNIT	DATE MAILED
07/933,891	08/24/92	018	RATLIFF, R	2502 05/20/94
First Named Applicant	OLE K. NILSEN,			

TITLE OF INVENTION
SERIES-RESONANT INVERTER BALLAST

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	315-219.000	496	UTILITY	YES	\$585.00	08/22/94

3. Further correspondence to be mailed to the following:

Ole K. Nilssen
Caesar Drive
Barrington, IL 60010

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

090 BA 06/06/94 07933891

DO NOT USE THIS SPACE

1 242 585.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

(2) ADDRESS: (City & State or Country)

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. This application is NOT assigned
 Assignment previously submitted to the Patent and Trademark Office
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

 Issue Fee Advanced Order - # of Copies _____ (Minimum of 10)

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER _____ (Enclose Part C)

 Issue Fee Advanced Order - # of Copies _____ (Minimum of 10) Any Deficiencies in Enclosed Fees _____ (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

General Address

City, State and Zip Code

CONTINUATION NAME

CONTINUATION ADDRESS

on

City, State and Zip Code

Box ISSUE FEE

Commissioner of Patents and Trademarks

Washington, D.C. 20231

5-24-94

(Date)

Osk. N. (5524)

(Signature)

5-24-94

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

A. For mailing no fee is being paid
B. Postage fee is being paid for this issue fee
C. Special OH classification is being paid
D. This mailing is being paid by a third party
E. Shows to whom it is being sent
F. No stamp will be put here

G. This mailing is being paid by a third party
H. Shows to whom it is being sent
I. No stamp will be put here

DO NOT USE THIS SPACE

1-545-282-00-62

040 BA 08/08/84 03633881

(2) NAME OF ASSIGNEE

(3) ADDRESS (City & State or Country)

This form is estimated to take 20 minutes to complete. Time will vary

depending upon the needs of the individual applicant. Any comments on

the amount of time you require to complete this form should be sent to the

Office of Management and Organization, Patent and Trademark Office,

Washington, D.C. 20231 and to the Office of Information and Regulatory

Affairs, Office of Management and Budget, Washington, D.C. 20503.

REVERSE PTOL-85B (REV 12-88)(OMB Clearance is pending)

PTOL-85B (REV 12-88)(OMB Clearance is pending)